

## **Attachment 110-A: Corrective Action Plan Templates**

**Payment Error Rate Measurement (PERM)  
Corrective Action Summary**

**A. (State)** \_\_\_\_\_ **Fiscal Year:** \_\_\_\_\_

**B. (Date)** \_\_\_\_\_

**C. State Contact:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**D. Medicaid Error Rate:** \_\_\_\_\_

**Fee-for-service rate:** \_\_\_\_\_

**Managed care rate:** \_\_\_\_\_

**Eligibility payment rate:** \_\_\_\_\_

**E. CHIP Error Rate:** \_\_\_\_\_

**Fee-for-service rate:** \_\_\_\_\_

**Managed care rate:** \_\_\_\_\_

**Eligibility payment rate:** \_\_\_\_\_

**F. Summary of Error Causes and Applicable Corrective Actions**

**Medicaid**

**Fee-for-service:**

**Error Causes:** \_\_\_\_\_

**Corrective Actions:** \_\_\_\_\_

**Managed care:**

**Error Causes:** \_\_\_\_\_

**Corrective Actions:** \_\_\_\_\_

**Eligibility:****Error Causes:** \_\_\_\_\_**Corrective Actions:** \_\_\_\_\_**CHIP****Fee-for-service:****Error Causes:** \_\_\_\_\_**Corrective Actions:** \_\_\_\_\_**Managed care:****Error Causes:** \_\_\_\_\_**Corrective Actions:** \_\_\_\_\_**Eligibility:****Error Causes:** \_\_\_\_\_**Corrective Actions:** \_\_\_\_\_

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are **0938-0974, 0938-0994, and 0938-1012**. The time required to complete this information collection is estimated to average 2,000 per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Payment Error Rate Measurement (PERM)**  
**Detailed Corrective Action Plan**

**A. (State)** \_\_\_\_\_ **Fiscal Year:** \_\_\_\_\_

**B. State Contact:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**C. Program (Medicaid or CHIP)** \_\_\_\_\_

**D. Component (fee-for-service, managed care, eligibility)** \_\_\_\_\_

**E. Narrative:**

- 1. Data Analysis:** (clusters of errors, causes, characteristics, and nature of each error)

Error Element:

Nature:

- 2. Program Analysis:** Describe why a particular program/operational procedure caused the error and identify the root causes of errors.

Specific Causes:

Root Causes of Errors:

- 3. Corrective Actions:** Identify the corrective actions planned for major error causes. For each corrective action planned, describe the expected results.

- the errors causes being targeted; and
- the expected results.

- 4. Implementation:** Provide an implementation schedule for each corrective action. Provide a timeline including target dates, milestones and monitoring.

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